

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1151

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4274 Clark Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 Years
years, months or days

3. (a) PRINT FULL NAME Mrs. Fern I. Stites

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marion L. Stites 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July 19, 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 5 19 hr. min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Jacob H. Borden

13. Birthplace Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Sparks

15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Marion L. Stites

(b) Address 4274 Clark Avenue

17. (a) Removal (b) Date thereof January 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park K. C. Kansas

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd Street

19. (a) 1-8-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4274 Clark Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
year 1941 hour time minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 7, 1941 to Jan 8, 1941
that I last saw her alive on Jan 8, 1941
and that death occurred on the date and hour stated above

Immediate cause of death acute left heart failure
pneumonia
Due to heart stenosis

Due to acute

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (Specify means of injury)

23. Signature H. E. Goff (M. D. or other)

Address 1225 - 12th St. B. B. Date signed 1/8/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

John E. Fessenden

Licensed Embalmer No. *481*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.